

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 02, 2008 8:00 am
Secretary of State

09-02-2008 90077 032 ***138.75

DOCUMENT # L05000066433

1. Entity Name
ROGELIO ROMERO LLC



Principal Place of Business
**8640 RIO VISTA DR
NAVARRE, FL 32566**

Mailing Address
**8640 RIO VISTA DR
NAVARRE, FL 32566**

50009865



2. Principal Place of Business - No P.O. Box #
1956 PRESIDIO ST. Apt. A
Suite, Apt. #, etc.

3. Mailing Address
1956 PRESIDIO ST. Apt. A
Suite, Apt. #, etc.

08272008 Chg-LLC CR2E083 (12/06)

City & State
NAVARRE, FL
Zip
32566 Country

City & State
NAVARRE, FL
Zip
32566 Country

4. FEI Number
20-3101433 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROMERO, ROGELIO
8640 RIO VISTA DR
NAVARRE, FL 32566**

7. Name and Address of New Registered Agent

Name **ROMERO, ROGELIO**
Street Address (P.O. Box Number is Not Acceptable)
1956 PRESIDIO ST. Apt. A
City **NAVARRE** **FL** Zip Code **32566**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Rogelio Romero Carranza**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **ROMERO, ROGELIO**
STREET ADDRESS **8640 RIO VISTA DRIVE**
CITY-ST-ZIP **NAVARRE, FL 32566**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **ROMERO, ROGELIO**
STREET ADDRESS **1956 PRESIDIO ST. Apt. A**
CITY-ST-ZIP **NAVARRE, FL 32566**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Rogelio Romero Carranza**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8-26-08

Date

Daytime Phone #